

“The Dynamics of Health in Indian Women and the Strategy to Facilitate Optimum Health”

Background Paper for the
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by

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Dedicated to the Women of India

**“I complained because I had no shoes until I saw a woman who
had no feet”.**

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Introduction :

The inequality of women in all countries of the world to a greater of lesser extent is largely responsible for the present status of health in women.

Decimated-Deprived-Despairing as before :

The status of women in a society is a significant reflection of the level of social justice in that society, and the nature of women's participation in the process of development is the key to how a society can reach the goals of development. Women make up half of India's human resources. *Where they are trapped in a cycle of poverty and ill-health, their potential contribution to development is unrealised.* Whenever they are bypassed by education and technological advances and isolated from the mainstream of community action, *development is progressing at half-stream.* Whenever there are inequalities between women and men, *true development is not being achieved.*

Health is an essential part of development : It both contributes to and results from economic and social development, and to achieve "health for all", priority must be given to women's health. This priority is justified not only by the proportion of the total population comprised of women and the importance of their individual health for development, but because women's health is intimately tied up with the health of children and that of the family as a whole.

Women are placed in a disadvantaged position by the problems of double dependence, economic marginalization, discrimination and the burdens of their multiple roles. One important and often cited example is the marginalization of women in agricultural development, which has often resulted in changing women's roles in food production. This has resulted in their growing less nutritious foods and/or getting less income from their work.

The fact is also that Indian women have an inherent self-sacrificing attitude and do not make demands, which puts them at further disadvantages that aggravates all their other problems.

The effort to improve women's health is therefore a complex operation and will necessitate fundamental attitudinal and structural changes in society.

India has so far inherited and sought to perfect a disease oriented technology, and this needs to be abandoned for a more involved and participative preventive approach.

Countries have committed themselves to achieving the social target of "the attainment by all citizens of the world by the year 2000 A.D., of a level of health that will permit them to lead a socially and economically productive life". *Without giving priority to women's health, this goal is impossible to reach* because women's health is the key to the health of future generations.

Health depends largely on people's life-style and environment but good adult health requires a sound foundation, from foetal development throughout childhood. This is especially crucial for women, whose specific health needs are so closely related to the continuous cycle of growth, development and reproduction. Attitudes which discriminate against girls from the foetal stage and infancy to adolescence, have a negative influence on their overall health as women, and thus on their potential contribution and participation as workers, mothers and members of society.

WOMEN IN INDIA

INDIA 1985

Total population in millions ('85)	—	752.9
Women's population in millions	—	350 +
Number of children per woman (1980-85)	—	4.5
Percentage of population under 15	—	38.0
Percentage of population aged 15-19	—	11.0
Fertility rate among women aged 15-19	—	40.8
Percentage contribution of women aged 15-19 to total fertility rate	—	4.5
Secondary school enrolment (female/male)	—	20/39

Legal age at marriage (female/male) (lower in some parts of country)	—	18/21
Percentage of women married under 20	—	57.1
Expectancy of Life for women/men	—	50/51

Women's health may be considered from the prenatal stage "*The First Age*" through the adolescent years, "*The Second Age*", and the post-reproductive years, "*The Third Age*".

The First Age

The Prenatal, the Infant and Child :

1. Sex discrimination resulting in female foeticide is a matter of deep regret in a decade devoted to women's progress and development.

Amniocentesis is being done almost exclusively in India to *determine the sex of the foetus*. If a female, this test is immediately followed by abortion. At a recent seminar the S N.D.T. Research Dept. (the result of field study) revealed, that in 4 years about 4000 female foetuses were aborted and this in a country with a sex ratio of 935 women to 1000 men (Romola Shanbhag in "*Are women in the Endangered/List*". *Womens Era* 1-6-85).

Mortality rate for female babies has increased for each of the census years.

For eg. as recently as 1951 the **female mortality rate** was lower in the age group 1-15 and in 1971 *female mortality is higher than male mortality for every year of life from age 1 to 45*. Female babies are supposed to be biologically stronger than male children and the fact that they succumb more easily to these killer illnesses can only be attributed to the fact that they are receiving medical attention if at all, at a stage when they can no longer be helped.

2. Nutrition

The infant girl has a greater chance of being malnourished. Studies on identical twins of different sexes showed that the girl child was often malnourished as compared to the boy. (The Khanna Study in

Punjab revealed a death rate of 74/1000 for girls and 50/1000 per boys). The inequality in nutritional or health attention during childhood which may result from sex preference often brings problems later in life.

Without adequate supplies of protein, calcium and vitamin D the bones will not grow so long, strong or hard as they should; the pelvic bones will be smaller and may be deformed in shape, causing difficulties during childbirth. Adequate and correct nourishment of girls is therefore of profound importance for future generations.

In addition, the pre-school girl is often initiated into adult duties of caring for smaller children. We see this at building sites or in the slums, where she continues to be inadequately nourished.

The Second Age

1. **Nutrition** in the adolescent years is of prime importance yet *protein calorie malnutrition* is most manifest, in the young girl's *diet*. It is deficient in proteins, energy foods and iron.
2. **Menstruation** : A large toll is taken by the loss of menstrual blood.

The onset of menstruation (menarche) is a key event in female maturation and is accompanied by sexual development and growth. The age of menarche is influenced by genetic factors and childhood growth and development patterns and particularly by nutritional status. According to available data, menarche is tending to occur at an earlier age than 13 years.

Many *taboos* exist in connection with the menstrual cycle that both reflect and effect the status of women. The commonest are related to beliefs that women are unclean, *weaker or more emotional* during the time of menstruation, resulting in the restriction of her physical and other activities.

3. Anaemia

So far as the physiological demands are concerned, menstruation increases the need for the dietary components essential to blood formation. From its onset until it stops at the menopause, women are regularly losing iron. Without adequate nutrient supplies, blood formation will be deficient and anaemia will result.

WHO Studies have shown that women in the reproductive ages require a daily absorption of iron which is approximately three times that required by an adult man. The requirements may be even higher if a woman uses an intrauterine device (IUD), which tends to increase the average menstrual blood loss, and often exceeds the quantities available from the daily diet.

As a result the high prevalence of anaemia in women makes it one of the most important women's health problems in India. Anaemia is compounded by infection, *especially parasitic diseases* like hookworm infestation. The percentage of non-pregnant women with deficient haemoglobin levels ranges widely; it is estimated, however, that *at least half of the non-pregnant women and two thirds of all pregnant women are anaemic.* Anaemia in the severest form or if there is a haemorrhage can lead to death. Anaemia has a profound effect on the psychological behaviour of the individual. It lessens resistance to fatigue, lowers resistance to disease and exacerbates any infection.

4. Genital and Sexually Transmitted Diseases :

The female genital tract can be the site of a variety of infections. Most are acquired through *sexual intercourse* or through inappropriate care or *poor hygiene* around the *menstrual period, childbirth or abortion.* They are caused by agents such as viruses, chlamydiae, bacteria, yeasts and parasites. Those that produce symptoms of extreme itching, foul discharge or pain or more likely to be identified, diagnosed and therefore quickly treated.

Not so easily dealt with, however, are the lower genital tract infections which are asymptomatic or produce symptoms that are accepted as normal by women, even though they cause discomfort or have potentially serious complications.

Diseases such as gonorrhoea fall into this category. Whereas generally gonorrhoea very soon produces obvious or painful symptoms in men, *infected women often remain unaware of their condition* – and are a source of infection – until more serious symptoms start to appear, by which time more permanent damage may have been done.

A common sequel of lower genital tract infection is *pelvic inflammatory disease* (PID), a state characterized by the inflammation of the fallopian tubes and/or ovaries and uterus. The exact mechanisms which give rise to PID are not always known. Although PID can be caused by infections of many types, it is thought that the great majority of PID results from sexually transmitted diseases, gonorrhoea in particular is one of the most common causes of acute PID in many parts of the world. The presence of an IUD may aggravate the problem in that it can contribute to the development of infection.

The *sexually transmitted diseases* (STD) also have serious consequences for the infant if pregnancy occurs while the woman is infected. For example, chlamydial infection of the genital tract, which seems to be as common as gonococcal infection, can be transmitted during childbirth and cause severe eye or lung disease in the new born. *Gonorrhoeal eye infections in the newborn, if untreated may lead to blindness.* Syphilis too can affect the foetus or infant resulting in spontaneous abortion or malformations.

5. Occupational Health

Occupational health hazards of course exist for both men and women. Studies of how they specifically affect women in industrial situations have shown that women have a certain biologically different work capacity under conditions of stress, which increases susceptibility to other diseases. It is especially deleterious during pregnancy, childbirth and lactation.

6. Women's Fertility

Early and repeated childbearing imposes additional health needs and problems on women physically, psychologically and socially. The

complications of pregnancy and childbirth, and of induced abortion, in areas where environmental and health conditions are adverse, result in large numbers of female deaths.

High fertility has negative effects on the health status of women as well as on their infants. *Fertility regulation is therefore an essential preventive health measure.* The ability of a woman to control fertility has opened up new options and is crucial to her economic and social status in society, and her participation in national development.

7. Early Childbearing:

For female adolescents, childbearing at an early age has serious consequences, as mentioned above. Reports indicate that there is a marked increase in the number of unmarried teenagers seeking and obtaining legal abortions. Although data is limited, there is concern that abortions performed on adolescents of very young age (especially repeat abortions) may lead to problems in later pregnancies—in particular, low birthweight and obstetric complications.

Childbearing places four major demands on a woman. *Firstly* she has to supply in addition to her own needs, *all the essential nutrients* to the baby to grow within her during pregnancy, and afterwards for as long as the infant in breastfeeding. For this, she must be in the best possible state of physical health during pregnancy and lactation. *Secondly*, the orderly emotional and mental development of the child depends a great deal on the environment, and for most this means the love that the mother and others can give.

Lastly, a woman has to give time and energy from her life. The amount of time depends not only on the woman herself but also on how many children she has, how close they are born to each other, the value that her family and society place on her reproductive role and on her health i.e. the amount of support she receives—how much care the community and society take in allowing her to fulfil her reproductive role in the best possible way and at the same time allowing her to lead a full life and fulfil her other responsibilities.

The age group 15-34 has traditionally recorded a higher female mortality rate (except in 1951 when the rate was lower in the age group 15-25). This is the most arduous and strenuous period of women's lives. Child bearing in this period coupled with the hard physical labour that the majority of women in India have to put in in order to earn a living, has resulted in a heavy toll of lives. *The organisation of maternal and child health services in the rural and urban areas seems to have made little or no impact on this phenomenon as is evident from the high maternal mortality rate.*

Despite the heavy loss of life in maternity, medical services in this country are so disproportionately organised that less than 17% of total hospital facilities are geared to meeting this problem. This is yet another example of women's lack of power and privilege.

The women's *nutritional requirements during pregnancy and lactation* are considerable. In pregnancy there is a marked increase in *energy (calorie), vitamins, minerals and other requirements. Iron, vitamin B12 and folic acid*, in particular, are needed in greater amounts especially during the last trimester of pregnancy. Moreover, the problems are aggravated in many societies by food taboos during pregnancy and after delivery.

Maternal malnutrition not only represents a drain on the woman herself, but also significantly increases the risk that the baby will have a low birthweight, which limits the infant's chance of survival and its subsequent potential for normal growth and development.

Among the most important causes of maternal deaths are hypertensive disorders of pregnancy (toxaemia), postpartum haemorrhage (often with anaemia as the underlying cause), and sepsis (infections).

8. Bonding

Healthy growth and development in infancy require the provision of specific psychological, emotional and physical care as well as nutri-

tion and defence against infection. In all of these the infant is in a state of dependence which is the basis of the "*bonding*" which occurs between the mother and infant. This process of mother-infant attachment is influenced by many factors, including the mother's feelings and expectations about her pregnancy, her experience during and immediately after delivery, her physical and mental health status throughout the process, and the type of support she receives from other people.

9. Breast-feeding and weaning.

Breast-feeding combining the provision of food with oral and skin to skin contact and physical warmth helps to promote, and is part of, this important interaction of mother and infant.

Breast-feeding is an integral part of the reproductive process; it is the natural and ideal way of feeding the infant and forms a unique basis for the child's physical and emotional development. The mother's milk also provides life-saving immunities against infection for the infant and is basic to the healthy interaction of mother and infant. Breast-feeding is beneficial to the mother's health, in that it accelerates the process of involution of the uterus. In addition, women who are breast-feeding experience a later return of menstruation and ovulation after the birth and are therefore less likely to conceive again too soon. It is a natural method of family planning.

10. Husband's Role in Family planning

Man's role as the dominant partner is being reinforced out of all proportion. For instance the discontinuation rate of nirodh is so high as to make its use almost questionable for family planning. In Madras Tubectomy is 11 such operations to 1 Vasectomy. When we consider that tubectomy is a major operation for a woman and that Government expenditure is considerable, this is a matter for regret to all interested in raising the status of women.

However, women's access to Family Planning should not leave out the man's role, and responsibility in this vital area. Moreover, a programme to involve man would help improve not only the woman's image but help the marital relationship. Motivation for F.P. should

be based on the children's need and a better quality of life for the family. It is in this context too that Government's interest in traditional methods including Natural Family Planning is to be encouraged.

The Third Age

Natural F.P. is the only method that takes into consideration the Normal & Natural biological cycles of fertility & infertility as provided by Nature herself to protect the woman from repeated rapid pregnancy.

The menopausal woman has an increasing psychological burden and when we realise that the *WHO estimates that by year 2000, sixty percent of the aged will be living in the developing countries*, we have to prepare to meet these problems with preventive social and health measures in India.

The aged woman will bear the greater burden for herself and the consequences can well be serious since psychological problems more than physical will be manifest.

The wealth of the aged can be tapped as in some instances health education programmes for *grandmothers* have resulted in better nutritional status of the grandchildren, especially the girl. This area needs to be better developed and more attention given to it.

Some of the Major Barriers to Optimum Health Are :

1. No country has ever faced, or is likely to face, the health problems that India has had to face and still does; no country, including China, has the multiplicity of barriers to health care that makes India uniquely difficult to deal with in more ways than one.

A growing population; largely dependent, *with many languages and hundreds of dialects*, make the Government's task to provide comprehensive health care extremely difficult. Illiteracy (only 9% literacy especially amongst rural women) is a major barrier, (Functional literacy is a dire need today).

2. Whereas 80% of our population live in our villages only 20% of doctors choose to work there. As such the average of one doctor for a population of 5,100 is deceptive because there are many tracts in the countryside where the doctor/population ratio is as low as 1:50,000.

3. Birth Rates are not influenced as easily as Death Rates

In India as in other Asian countries, both the Birth Rate and the Death Rate were high till the end of the II World War. Thereafter, the accumulated technical health knowledge of the west (chiefly insecticides, vaccines, antibiotics and antiseptics applied on a mass scale) brought the Death Rate rapidly down in a few years. However the Birth Rate did not follow suit. The result was a *sudden spurt in the size of the population*.

4. Generally speaking, in India, people become *aware of their health only in times of illness*. Unfortunately the excellent system of Ayurvedic medicine has not been given sufficient attention as regards research, extension and application. Modern western or allopathic medicine is increasingly considered the best form of medicine even in situations where cheaper and as effective medication can be provided under Ayurveda or Homoeopathy.

5. At the same time people are generally *resistant to preventive measures against deficiency or infections diseases*. The recognition

of the relationship between environment and health is limited to the educated minority.

6. The population in one rural area surveyed showed that only 4% of households had latrines and 12% had a protected water supply. when it is estimated that approximately 1/3 of all morbidity and mortality is due to lack of pure drinking water and poor sanitation, the seriousness of the situation is even more significant.

7. Though *maternal and child health* was developed in India in as early an age as 400 B.C and our great physician and surgeon Charak and Sushruta respectively, gave detailed directions for the woman to observe during pregnancy and childbirth and later for the care of the child, in many rural areas today, certain unhealthy and even positively harmful customs prevail. For example, certain foods are forbidden (such as eggs, meat, fish fruits and milk) specifically during pregnancy. The village midwife or dai often cuts the umbilical cord with unsterilised instruments and cowdung ash is used as a cord dressing often causing *tetanus infection*.

Future Strategy to Facilitate Optimum Health

"I am no goddess to be worshipped nor yet the object of common pity to be brushed aside like a moth with indifference.

If you desire to keep me by your side in the path of danger and daring, if you allow me to share the great duties of your life, then you will know my true self". (*Chitra in Tagore's Play "CHITRA"*).

Introduction :

"Health", as defined by the W.H.O. Constitution, is a state of complete physical, mental and social well-being and not merely the absence of disease or deformity. To this we can add two more aspects which for Indian women are important, namely, ~~social~~ well-being and spiritual well-being or health. *emotional*

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Healthy development of the child is of basic importance, and the ability to live harmoniously in a changing total environment is essential to such development.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures. However non governmental organizations can do a great deal at grass roots level and amongst women.

The major areas in which a strategy needs to be developed are :

1. Provision for a *balanced diet*, since malnutrition is India's biggest problem.
2. *Health care for children* who form 40 percent of our population with periodic *medical and dental examinations* and immunisations.
3. *Primary Health Care* which focuses on sanitation and a protected water supply.
4. *The Self-Energised Family*.
5. *Education of women* specifically and health education including family life education to both men and women in the community.
6. *Spacing of children and family planning*.
7. Recommendation and promotion of *useful traditional practices* and *abolition of harmful practices*.
8. *Marriage and premarital counselling and preparation*.
9. Advice for *breast-feeding*.
10. *Screening for disease detection and prompt treatment*.

11. *Education of Dais* and coordination of community health workers.
12. *Rehabilitation* in social, mental and physical diseases, eg. S.T.D., Polio, Leprosy etc.

I. Provision for a Balanced Diet:

Protein-Calorie Requirements:

Proteins (derived from the Greek work "protos meaning to come first), are complex organic nitrogenous substances containing carbon, hydrogen, oxygen, nitrogen and sulphur in varying amounts. Some proteins also contain phosphorus and iron. Protein rich foods are milk, meat, fish and eggs from animal sources and pulses, nuts and beans from vegetable sources.

The recommended daily allowance for the Indian adult is one gram per kg. of body weight. This is increased in infancy, adolescence, pregnancy and lactation.

Problem

The reasons for lack of protein in the Indian diet are numerous:

1. **Lack of knowledge** of the importance of proteins.
2. **Lack of utilisation** of locally available proteins.
3. **Dietary restrictions.**
4. **Superstitions and some traditionally harmful customs.**

(For example — In some rural areas pregnant women do not eat fruit, green leafy vegetables or drink milk).

5. Poverty

Recommendations :

1. Increasing food production
2. Price control.
3. Prevention of food adulteration.

4. Fortification and enrichment of foods, Eg. Iodised salt.
5. Food additives (Eg. Iron)
6. Inventing cheap supplementary foods (e.g. high Protein Foods).
7. Food and Fruit and Vegetable canning in season.
8. Nutrition education.

The Government of India is attempting to solve the problem of malnutrition by implementing the following programmes on a national scale and non governmental organizations, especially women's organizations and educational institutions can reinforce these programmes.

1. Applied Nutrition Programme.
2. School Mid-day Meal Programme.
3. National Goitre Control Programme.
4. Crash Programmes in Nutrition (for 0-3 years).
5. Vitamin A supplement to facilitate growth and prevent blindness.
6. The C.F.T.R.I. has also developed *multipurpose food, which is a blended flour of groundnuts and Bengal Gram*. It is cheap, extremely nutritious and can be used in a variety of ways. For children especially, C.F.T.R.I. has a *prepared mixture of wheat, groundnuts, and soya bean or Bengal gram flour* with skimmed milk powder. This should be available in all schools, health centres and hospitals. It is cheap and can be prepared locally,

Since nutrition is closely bound up with Agriculture. it is imperative that the problem of malnutrition which is so serious in India be confronted at "grass-roots" level. Three possible avenues are open :

1. The growing of food crops to be encouraged, expanded and given positive incentives.
2. The storage, distribution and allotment of food to priority groups (e.g. the vulnerable population of women and children given due attention).

3. Increased research and exploration of food from the sea and use of protein containing vegetable foods like groundnuts and soya bean to be popularised, and
4. Wheat, rice, ragi should be used in an everyday meal.

II. Health Care for Children :

“Beautiful and brown – but born to blossom in the dust”.

The constitution and personality of a person is determined by two factors and their relationship or interaction with each other, namely the *Environment and Heredity*. A child inherits his genetic character directly from his parents each of whom in turn inherit these from their parents and so on. A child is thus born with inherited characteristics, which if given a suitable environment can bring him to the full development of his potential.

Health is therefore a dynamic process. Its development embraces every aspect of the maturation process including its physical, mental, psychological, social and spiritual aspects. To bring about healthy, development and to realize the human potential is the basic aim of health services.

Recommendations :

1. *Genetic counselling* is the most immediate and practical service that genetics can render in medicine. It is estimated that at least 4% of live-born individuals suffer from some genetic or partly genetic condition and might have benefited from genetic counselling.
2. *Consanguinous marriages* should be discouraged by education. The incidence of physical and mental defects would then decrease considerably.
3. Adequate *antenatal care* for the pregnant mother must be promoted.
4. *Child marriages and marriage below 18 years* should be positively discouraged.

5. *School health and health education* as part of the school curriculum is a vital requirement today. Suitable textbooks and demonstration classes to be planned.
6. *Education regarding hygiene*, counselling for adequate exercise and recreation is necessary. This will also help in emotional and mental health.



**See, I will not forget you,
I have carved you
On the palm of my hand,
I have called you by your name,
You are mine, You are precious to me,
I love you**

HEALTH CARE FOR CHILDREN

BASIC PRINCIPLES OF
INDIVIDUAL AND
ENVIRONMENTAL
HYGIENE

NUTRITION
AND
IMMUNISATION

EDUCATION
AND
LOVE

↓
HEALTHY CHILD
WITH POSITIVE ATTITUDES
AND A MATURE PERSONALITY.

↓
READILY EMPLOYED

↓
SATISFACTORY SOCIO ECONOMIC STANDARD

↓
GOOD BASIS FOR FORMING OWN FAMILY

↓
HIGH ASPIRATIONS FOR CHILDREN

↓
POSITIVE INFLUENCE IN COMMUNITY

↓
FINDS IT ADVANTAGEOUS TO MAINTAIN STANDARD
ACHIEVED FOR QUALITY OF LIFE

↓
MOTIVATED
TOWARDS
SMALL FAMILY SIZE

↓
FERTILITY DECLINE.

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III. Primary Health Care which focuses on sanitation and a protected water supply.

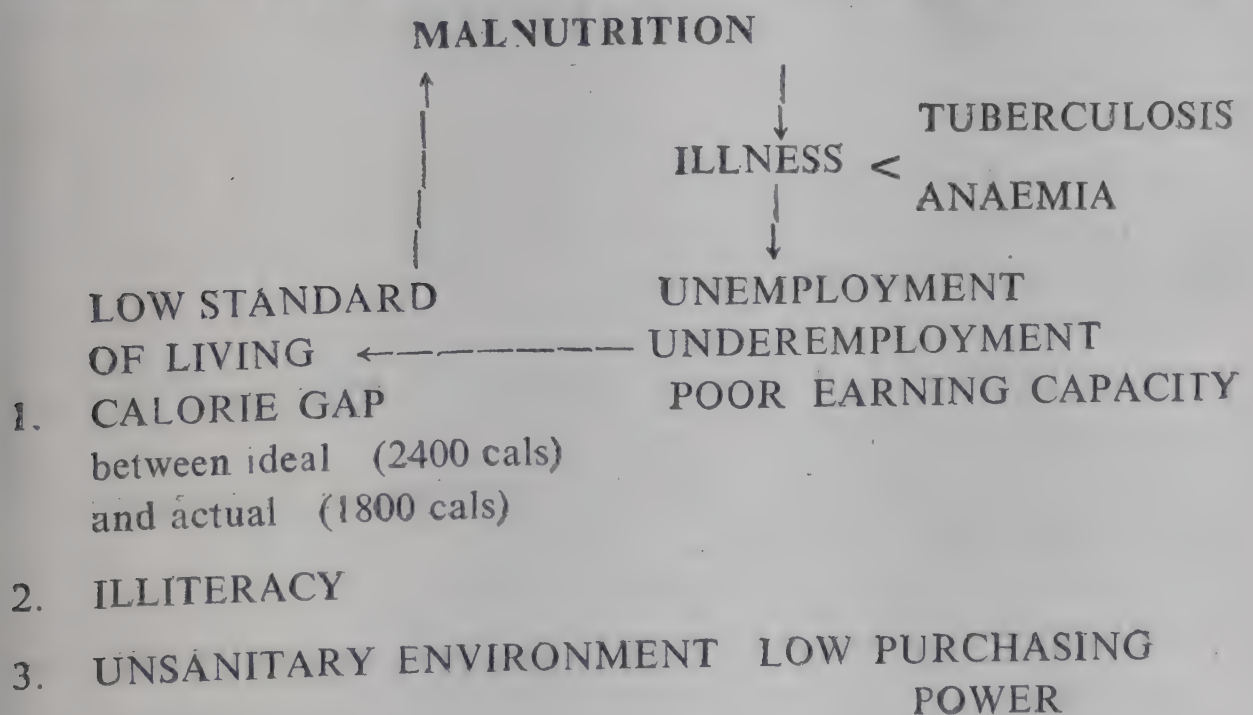
The six lakh villages should have a better health care coverage. Primary health care includes at least :

1. Promotion of food supply and proper nutrition.
2. Adequate protected water supply and sanitation education.

3. Maternal and child health care, including family planning.
4. Immunization against the major infectious diseases.
5. Appropriate treatment of common diseases and injuries.
6. Prevention and control of locally endemic diseases.
7. Provision of essential drugs.
8. Education concerning prevailing local problems and methods of preventing and controlling them.

Problem :

VICIOUS CIRCLE NEEDING MULTIFACETED APPROACH



Recommendations :

1. Reorientation and redistribution of resources to benefit the total population, particularly the under served populations in rural and periurban areas.
2. Development of mechanisms to ensure close collaboration and co-ordination with other development sectors, according to an intersectoral approach.
3. Active participation of the community in the planning, management, implementation and evaluation of health care.

4. Reliance on family and community resources, including social and political community networks and family self-care.
5. Harmonizing of traditional and modern forms of health care.
6. Utilization of technologies which are appropriate to life-styles and cultural values, low-cost and readily available to all.

IV. The Self-Energised Family :

In India, *the family is still a strong and basic unit of society.* Community health services should capitalise on this. Moreover when diet and social customs need to be changed in certain cases, this can only be done with the help of the family. At this micro level a change for the better can be affected with permanence.

Recommendation

The “*self-energised family*” that cares for itself, that feels its responsibilities to society to maintain its own and the environments well being should be our goal.

Health Education for family planning, nutrition and hygiene education are firmly based in the family.

The health worker has therefore, readymade instruments to use with great and good results.

V. Education of women and health education including family life education :

“Educate a man and you educate an individual, educate a woman and you educate a generation”.

Recommendation

Women should be educated in order to be able to identify values commensurate with the status of women. The objectives are :

1. **Reflection of the dignity of labour** while taking care of the roles performed by both sexes inside and outside the home.

2. **Stressing the equality of opportunity** in all walks of life and awareness of the woman's rights and abilities for equal participation in the development of the nation.
3. **Redefining the concept of work** which consumes energy and time. Thus *domestic work* is not occasional or scientifically different from other work but is equally productive and necessary for society's survival.
4. The idea of favouring a small family so that the equality of family life improves, and *existing children can be better educated and cared for*.
5. Promote the idea of *self-care*, which according to Levin, "is a process by which *people function on their own behalf in health promotion and prevention and in disease detection and treatment at the level of the primary health resource in the health care system*".
6. "*Family*" is the key to simple technology like oral rehydration in diarrhoea – many simple technologies like this have emphasised *the limitations of high technology*.
7. Awareness of symptoms of Sexually Transmitted Diseases and other gynaecological complaints and the need for immediate treatment.

VI. Spacing of Children and Family Planning :

The parents should be motivated, while the mother is recovering after the birth of a child for spacing and planning the family.

The Need for Spacing

1. To enable the mother to recover her health.
2. To be able to give the existing child/children adequate attention in terms of nutrition, education, etc.
3. To have a happy, well- balanced family life.

Family Planning education includes teaching of various methods so that the couple may choose the one most acceptable to them.

Natural Family Planning is a very effective method which has no side effects (unlike the others) and can be taught even to illiterate women. Lay women's organizations can take up these programmes.

It helps not only in limiting a family, but also in spacing and delaying births. In this method the time of the birth can also be planned according to the couples wish.

Family Planning will not be individually-accepted until optimal pregnancy outcome is ensured by a reduction in foetal, infant and childhood mortality. In developed countries the reduction in mortality rates caused by improved public health and medical services has already been accompanied by a gradual decrease in family size.

The role of the man as husband and father has hitherto been paid insufficient importance. Masculine pride in large numbers of offspring and male heirs has not been taken into account as an important social factor in determining family size irrespective of the family economy, wife's desires and health and the needs of the existing children. Spacing of children and the husband's supportive role in exercising responsible parenthood must be emphasised.

VII. Recommendation and promotion of useful traditional practices and abolition of harmful practices.

Recommendation :

Three categories of traditional practices - useful, harmless and harmful exist. The following recommendations are proposed in support of useful practices and to abolish harmful ones. Special recommendation to correct harmful practices and to replace them with positive actions to promote better health should be adopted.

National policies should be formulated to promote useful practices and to abolish harmful ones.

A. Useful practices :

- Governments should realise the need for adequate breast-feeding for the health of the child, which reflects on the total well-being of the family and the nation.
- Feeding of expectant mothers should be promoted.
- Day nurseries and creches for working mothers should be a matter of priority.
- More part-time professional as well as non-skilled jobs should be available for women.
- Intensive nutrition education for women through MCH Centres, schools, rural health units and mass media with the widest possible coverage, should be encouraged.

In summary, traditional breast-feeding patterns should be supported by giving women the opportunity to continue breast-feeding and by providing them with information on healthful feeding patterns for themselves as well as for their children,

B. Harmless practices :

A variety of harmless practices exist, such as wearing of certain charms, amulets etc. to ward off evil spirits. It is envisaged that with health education and socio-economic changes, such practices will disappear and the community will make appropriate use of available modern medical technology.

C. Harmful Practices

- Harmful practices, customs and tradition, for example restrictive feeding patterns during menstruation, pregnancy or abrupt weaning, should be exposed ; special programmes should be designed concerning the harmfulness of such practices ; and positive attitudes towards nutrition, involving useful, locally available foods, should be promoted.

- Other harmful practices, for example, the restriction of high protein diets including milk, fish, chicken, eggs and dhals should be discouraged especially when needed by women in various conditions.
- Special educational programmes for pregnant women and mothers should be developed and promoted to stop all harmful practices.
- Special attention should be focussed on the insufficiency of appropriate nutritional ingredients of supplementary foods for infants, the tendency to feed low protein-calorie diets to babies, the ill effects of the promotion of artificial and manufactured milk and food substitutes for babies.
- Other harmful practices and remedies, eg. cautery (the application of hot iron sticks to certain parts of the body as a curative and preventive measure for diarrhoeal diseases and respiratory infections, cautery of children's gums at the time of teething, etc), should be discouraged.
- Noting the harmful effects associated with the use of tobacco, alcohol, etc, on pregnancy, it is recommended that concerted efforts be made to prevent the use of these toxic agents.

VIII. Marriage and Premarital Counselling :

Recommendation

Women and men of marriageable age should be advised on the following points.

1. The age of marriage should be above 18 years for girls (preferably above 21) and more than 25 for boys.

Marriage above 18 years only should be strictly enforced.

2. *All young people should be taught about fertility awareness, Natural Family Planning methods can be taught even before marriage to prepare girls to be ready to plan the spacing, delaying and limiting of the family right from the first year of marriage itself.*

3. They should be made aware of the existence of such an entity as S.T.D. The signs and symptoms and need for immediate treatment should be stressed. Thus, the *dangers of premarital sex must be emphasised.*
4. Education in marital relations, the need for co-operation and harmony in the home, budgeting, and child care education for both parents would be ideal.
5. Genetic counselling should be part of premarital counselling, viz. dangers involved in consanguinous marriage, the basic idea of hereditary diseases etc.

IX. Advice for breast-feeding

Introduction : Problem

While the educated women in rich countries are switching from bottle feeding to breast feeding, the mothers in the poor developing countries are changing from breast to bottle. This is particularly disastrous in the families living in urban slums, without the basic provisions of hygienic environment, clean water or the money needed to buy sufficient quantity of milk. There should be a programme to educate the mother regarding the dangers of the bottle-the result being repeated infections, malnutrition and even death. *Infants breast fed for less than six months or not at all, have a mortality rate five to ten times higher in the second six months of life than those breast fed for six months or more.*

There are several factors which take women away from breast feeding and towards the bottle, and not least of these is the pressure of advertising by the baby food companies, and various ways of contacting the mothers in maternity hospitals and clinics and loading them with free supply of milk powder and feeding bottles. India has already developed a code for breast-feeding, which is not only a recommendation, but also a law. But this is not enough.

We have seen so many laws being flouted openly, and this will not be an exception. *There will have to be community participation and vigilance in the form of consumer groups, women's groups etc to see that the provisions of the law are respected.* There will have to be a great deal of public awareness and compliance by the medical profession.

Recommendation:

1. Harmful practices such as the following, should be strongly advised against:
 - a) Restriction of food intake during pregnancy.
 - b) Stopping breast-feeds during diarrhoea.
 - c) Supplementary foods introduced too late.
 - d) Abstaining from 'cold' food such as citrus fruit, ripe papayas sweet potatoes etc during pregnancy and lactation.
 - e) Doing excessive hard work during pregnancy and lactation, resulting in risk of miscarriage, ill health and premature deliveries
2. Useful and good practices should be encouraged:
 - a) Early supplementation of breast milk with pure water in the summer months.
 - b) Continuing breast feeds for a long period upto a year which is good for the child as well as plays the role of a family planning measure.
 - c) Building up the mothers strength with a nutritious and balanced diet.

x. **Screening for disease detection and prompt treatment:**
Recommendation

Early detection of disease is a vital part of primary health care and this cannot be done even through the most advanced health infrastructure, unless the family is made aware of it. It is the responsibility of the health professionals to help them become aware of the disease

through programmes of health education for the family and the community.

Many of the prevalent diseases which could cripple a person for life, are completely curable *if detected early* and treated rigorously and promptly. Therefore, a sincere effort should be made to screen the population in order to identify the disease in its earliest stages and treat it before it is too far gone. Tuberculosis serves as a good example. If all patients having productive cough and fever of 3 weeks duration are checked for the presence of the tubercle bacilli in the sputum (by a simple staining method), the positive cases can be easily identified and treatment started at once.

Similarly, early detection of leprosy by mass screening in endemic areas, and prompt continued treatment can completely cure the patients, avoiding serious disablement.

First Aid measures should be routinely taught in all schools and women's organizations.

XI. Education of Traditional Birth Attendants or Dais and coordination of Community Health Workers.

Problem

Field surveys in India have shown that despite the establishment of an extensive network of primary Health Centres and sub-centres, *the traditional birth attendants or dais, continue to deliver 50-60% of the births in rural areas.* Of the remaining 40-50%, majority of births are conducted at the *hands of relatives, neighbours and friends* and only 10-15% are conducted by para-medical or medical personnel. The importance of these dais was recognised in India as early as in the second Five Year Plan (1956-61) when a scheme for their training in the States with 100% funding by the Government of India was started with the objective of making conduct of deliveries more safe and hygienic and using them as links between rural MCH services and the community.

Recommendation

The dais, after training, are effective for :

- i) Conducting hygienic and scientific deliveries
- ii) Referring women for antenatal check-up to PHC or sub-centre
- iii) Motivating women for family planning.

The programmes of training and their subsequent use and linkages with coordination of the Community Health Works should be ensured.

XII. Rehabilitation in Social, Mental and Physical Diseases :

Measures to improve the health of the community are not complete until rehabilitation of affected persons is provided for. This is to help the disabled persons to feel they are useful members of society and to enable them to look after themselves without becoming a burden to the community.

Recommendations :

1. Persons disabled by leprosy, crippling injuries, birth defects etc should be taught a useful trade according to each one's capacity, eg. basket weaving etc. More Rehabilitation centres are required for this.

As Dr. Mahler, Director General of WHO has so aptly said "If health doesn't start with the individual, the home, the family, the working place and the schools, we will never get to the goal of health for all".

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We are Grateful

for our freedom, to live in and enjoy this favoured land, for our multilingual society, and the opportunities it offers, for all our social services and those who uphold law and order.

We Observe

with concern the growth of godlessness, selfishness and materialism, the confusing of standards of right and wrong.

We Believe

every woman, using her heart and mind, and bringing care and compassion into society, has a unique role to play.

in the dignity of motherhood and homemaking, and in the creating of a sound family life for the strength of our nation depends on the character of its people.

that chastity before marriage and faithfulness after are right, and ensure a basis of trust between husband and wife,

that peace is not just an idea but people becoming different – saying sorry and being willing to forgive brings a new spirit,

that men and women are meant to work in unity, respecting each other's contribution,

that the possibility of change is the essence of hope.

We have decided

to accept the time tested standards of honesty, purity, love and unselfishness in our daily living, to seek to be free of hate, hurt and bitterness,

to strive for an unselfish society where we consider people more important than things,

to make friends and work with others of a different race, class or creed without distinction,

to take to our hearts the needs of the whole world.

We know

all this is possible only with God's help and guidance, which He gives when we ask for it, listen for it, and obey. ☐

